

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000069912

Entity Name: ROBERTO BELLEGARRIGUE DMD, P.A.

Current Principal Place of Business:

3331 W. BEARSS AVE
TAMPA, FL 33618

Current Mailing Address:

3331 W. BEARSS AVE
TAMPA, FL 33618

FEI Number: 26-3023363

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BELLEGARRIGUE DMD, ROBERTO
3331 W. BEARSS AVE
TAMPA, FL 33618 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title OWN
Name BELLEGARRIGUE DMD, ROBERTO
Address 620 S. LOIS AVE
City-State-Zip: TAMPA FL 33609

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERTO BELLEGARRIGUE DMD

OWNER

01/09/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date